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Characteristics of patients with hidradenitis suppurativa seen at a tertiary care facility from 2009-2019: a retrospective chart review study



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<u>INTRODUCTION</u>

- Hidradenitis suppurativa (HS)
- Prevalence range: 0.053-4%
- HS comorbidities
- Risk factors for HS flares
- Treatment options
- Study design



Hypotheses

- 1. Increased opioid use in HS
- 2. Increased incidence of inflammatory bowel disease (IBD) in HS

METHODS

- Retrospective chart review of UC Davis Health System HS patients (2009-2019)
- Inclusion criteria: physician diagnosed
 HS
- Data collected: zinc, antibiotics, biologics, surgery (IND & excisions), opioid use, inflammatory bowel disease
- Continuous outcomes measured via ANOVA
- Categorical outcomes calculated via chisquare or Fisher's exact test

RESULTS N = 761BMI Gender N (%)Underweight Normal 563 (74%) Female Overweight Male 198 (26%) N (%)Age 20 (3%) 452 (60%) 18-45 73% 184 (24%) 46-60 61-80 94 (12%) 81-100 4 (1%) Mean BMI 36.6 Mean age 41 years

Never smokerCurrent smokerPassive exposure	
17% 21%	58%

Smoking

Self-Identified Race	
Race	N
White	45.6%
African Am. or Black	21.68%
Other	12.90%
Asian	7.20%

- Opioid use: 86% did not use, higher portion of African American or Black patients required opioid use (p<0.00001)
- IBD: prevalence in study patients 3.4% (26/761)

SIGNIFICANT FINDINGS

- Gender: zinc, antibiotic use
- Race/ethnicity: BMI, zinc, antibiotics, opioids, surgery
- Age: smoking, zinc, antibiotics

DISCUSSION

- HS disproportionately affects women more than men (3:1)
- Higher incidence of HS among patients with BMI >30
- Higher prevalence of HS in African
 American or Black patients
 - Not reported in our study
- Higher incidence of HS in tobacco smokers
 - 40% of study population current or prior smoking exposure
- Over 80% of cohort prescribed antibiotics
 - Long term antibiotic use
- Crohn disease and HS: 10-fold increase in UCD cohort (2.5% vs 0.2% in North America)
- Study limitations